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THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Joseph A. Iadanza

Group Art Unit: 2815

Filed: 2/26/2002

Examiner: Ortiz, Edgardo

Serial No.: 09/683,872

Docket No.: BUR920010100US1

Title: **METHOD OF CONNECTING CORE I/O PINS TO BACKSIDE CHIP I/O PADS**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Request for Reconsideration

Sir:

This Request for reconsideration is in response to the Final Office Action mailed July 14, 2004.

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CONCLUSION

Based on the preceding arguments, Applicants respectfully believe that all pending claims and the entire application meet the acceptance criteria for allowance and therefore request favorable action. If the Examiner believes that anything further would be helpful to place the application in better condition for allowance, Applicants invites the Examiner to contact Applicants' representative at the telephone number listed below. The Director is hereby authorized to charge and/or credit Deposit Account No. 09-0456.

Date: 09/09/2004

Jack P. Friedman

Jack P. Friedman
Registration No. 44,688

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3 Lear Jet Lane, Suite 201
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(518) 220-1850

09/683,872

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BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09 683 872
Bur 92 001 0102

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | | |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS | 22 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 22 minus 20 = | * 2 |
| INDEPENDENT CLAIMS | 4 minus 3 = | * 1 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

3/24/04 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|
| | Total | * 22 | Minus | ** 22 = |
| Independent | * 3 | Minus | *** 4 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> | |

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

| | | | |
|-----------|--------|--------------|--------|
| RATE | FEES | RATE | FEES |
| BASIC FEE | 370.00 | OR BASIC FEE | 740.00 |
| X\$ 9= | | OR X\$18= | 36.- |
| X42= | | OR X84= | 84.- |
| +140= | | OR +280= | |
| TOTAL | | OR TOTAL | 860. |

OTHER THAN
SMALL ENTITY

| | | | |
|----------------------------|-------------------|-------------------------------|-------------------|
| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
| X\$ 9= | | OR X\$18= | |
| X42= | | OR X84= | |
| +140= | | OR +280= | |
| TOTAL ADDITIONAL FEE | 0 | OR TOTAL ADDITIONAL FEE | 0 |

9/9/04

(Column 1) (Column 2) (Column 3)

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|
| | Total | * 22 | Minus | ** 22 = |
| Independent | * 6 | Minus | *** 4 | = 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> | |

| | | | |
|----------------------------|-------------------|-------------------------------|-------------------|
| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
| X\$ 9= | | OR X\$18= | |
| X42= | | OR X84= | 172 |
| +140= | | OR +280= | |
| TOTAL ADDITIONAL FEE | | OR TOTAL ADDITIONAL FEE | 172 |

(Column 1) (Column 2) (Column 3)

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|
| | Total | * 0 | Minus | ** 0 = |
| Independent | * 0 | Minus | *** 0 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> | |

| | | | |
|----------------------------|-------------------|-------------------------------|-------------------|
| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
| X\$ 9= | | OR X\$18= | |
| X42= | | OR X84= | |
| +140= | | OR +280= | |
| TOTAL ADDITIONAL FEE | | OR TOTAL ADDITIONAL FEE | 0 |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.